PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALL ENTITY TYPE		OR	OTHER THAN SMALL ENTITY		
TOTAL CLAIMS			3				ı	RATE	FEE	7	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	 	OR	BASIC FEE	
TOTAL CHARGEABLE CLAIMS			// minus 20=		* O			X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS			mi	inus 3 =	*0			X43=		OR	X86=	
MULTIPLE DEPENDENT CLAIM P			RESENT					+145=		OR	+290=	
* If	the difference	in column 1 is	less than zero, enter "0" in column 2			, 1	TOTAL	385	OR	TOTAL		
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								SMALL	FNTITY	OR	OTHER SMALL E	
		(Column 1)						· · · · · · · · · · · · · · · · · · ·	,	• !		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID I	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDM	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***	C' AINA	=		X43=		OR	X86=	
	FIRST PRESE	ENTATION OF MU	JUIPLE DEF	PNDENT	CLAIM			+145=		OR	+290=	
								TOTAL			TOTAL ADDIT. FEE	
ADDIT. FEE ADDIT. FEE ADDIT. FEE ADDIT. FEE ADDIT. FEE												
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDM	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***	IBA	=	Ī	X43=		OR	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=		OR	+290=	- 1
							L	TOTAL			TOTAL ADDIT. FEE	,
ADDIT. FEE ADDIT. FEE ADDIT. FEE ADDIT. FEE												,
	N I	I CLAIMS	T	HIGHE		100.0	_					
AMENDMENT C	i	REMAINING AFTER AMENDMENT		NUMB PREVIO PAID F	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDM	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
Y.W.E.	Independent	*	Minus	***		=	t	X43=		OR	X86=	
	FIRST PRESE	NTATION OF MU	JLTIPLE DEP	ENDENT	CLAIM		-					
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.								+145=		OR	+290=	
**	If the "Highest Nun	mber Previously Pa mber Previously Pa mber Previously Pa	aid For" IN THIS	S SPACE is	less thai	n 20, enter "20."	Α	TOTAL DDIT. FEE		OR ,	TOTAL ADDIT. FEE	
		nber Previously Paid					four	nd in the app	ropriate box	in col	umn 1.	ŀ